| <u>.</u>                                                                 |                                                                                                                                                                                                                                                                     |                                             |                                |                                   |                           |                                   |             |              | Application or Docket Number |         |                    |                        |  |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------|-----------------------------------|---------------------------|-----------------------------------|-------------|--------------|------------------------------|---------|--------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003      |                                                                                                                                                                                                                                                                     |                                             |                                |                                   |                           |                                   |             | )            | 09/545/88                    |         |                    |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |                                                                                                                                                                                                                                                                     |                                             |                                |                                   |                           |                                   |             | SMALL I      | ENTITY                       | OF      |                    | R THAN<br>ENTITY       |  |
| TOTAL CLAIMS                                                             |                                                                                                                                                                                                                                                                     |                                             |                                |                                   |                           |                                   | RATE        | FEE          | ٦                            | RATE    | FEE                |                        |  |
| FOR                                                                      |                                                                                                                                                                                                                                                                     |                                             | NUMBER                         | RELED                             | NUMI                      | NUMBER EXTRA                      |             |              | E 385 00                     | OF      | 5.5.0555           | !                      |  |
| TO                                                                       | OTAL CHARGE                                                                                                                                                                                                                                                         | 15 m                                        | inus 20=                       | •                                 |                           | ٠.                                | X\$ 9=      | <u> </u>     | OF                           | VEID    |                    |                        |  |
| INI                                                                      | DEPENDENT C                                                                                                                                                                                                                                                         | 3 "                                         | ninus 3 =                      | ·                                 |                           |                                   | X43=        | 1            | 1                            | You     | <b> </b>           |                        |  |
| М                                                                        | JLTIPLE DEPE                                                                                                                                                                                                                                                        | NDENT CLAIM P                               | RESENT                         |                                   |                           |                                   |             | 145          | 1-                           | OR      |                    | -                      |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                                                                                                                                                                                                                                     |                                             |                                |                                   |                           |                                   | +145=       | <del> </del> | OR                           | L       |                    |                        |  |
| CLAIMS AS AMENDED - PART II                                              |                                                                                                                                                                                                                                                                     |                                             |                                |                                   |                           |                                   |             | TOTAL        | L                            | JOR     |                    | <u> </u>               |  |
| D                                                                        | (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                    |                                             |                                |                                   |                           |                                   |             | SMALL        | ENTITY                       | OR      | OTHER<br>SMALL     |                        |  |
| ENT                                                                      |                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING .<br>AFTER<br>AMENDMENT |                                | HIGHI<br>NUME<br>PREVIO<br>PAID I | EST<br>BER<br>OUSLY       | PRESENT .                         |             | RATE         | ADDI-<br>TIONAL<br>FEE       |         | RATE               | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT                                                                | Total                                                                                                                                                                                                                                                               | - (8                                        | Minus                          | - 21                              | 0                         | =                                 | _           | X\$ 9=       | 1.55                         | OR      | X\$18=             |                        |  |
| AME                                                                      | Independent                                                                                                                                                                                                                                                         | · 6                                         | Minus                          | ~~                                | 6.                        |                                   | 1           | X43=         |                              | OR.     | X86=               |                        |  |
| _                                                                        | FIRST PRESE                                                                                                                                                                                                                                                         | NTATION OF M                                | ULTIPLE DE                     | PENDENT                           | ČLAIM:                    |                                   | f           | 1.45         |                              |         | 000                |                        |  |
|                                                                          |                                                                                                                                                                                                                                                                     |                                             |                                |                                   |                           |                                   | L           | +145=        |                              | OR      | +290=              |                        |  |
| <u> </u>                                                                 |                                                                                                                                                                                                                                                                     | (Column 1)                                  |                                | (Colum                            |                           |                                   | A           | DDIT. FEE    | 1                            | OR      | ADDIT. FEE         |                        |  |
| _                                                                        |                                                                                                                                                                                                                                                                     | ,                                           |                                |                                   | , ,                       |                                   | <del></del> |              |                              |         |                    |                        |  |
| AMENDMENT                                                                |                                                                                                                                                                                                                                                                     | REMAINING<br>AFTER<br>AMENDMENT             |                                | NUMB<br>PREVIO<br>PAID F          | USLY                      | PRESENT<br>EXTRA                  |             | RATE         | ADDI-<br>TIONAL<br>FEE       |         | RATE               | ADDI-<br>TIONAL<br>FEE |  |
| ≥<br>ND<br>N                                                             | Total                                                                                                                                                                                                                                                               |                                             | Minus                          | - 0                               | 20                        | =                                 | Γ           | X\$ 9=       |                              | OR      | X\$18=             |                        |  |
| AME                                                                      | Independent                                                                                                                                                                                                                                                         | ATATION OF ME                               | Minus                          |                                   | 6                         | =                                 |             | X43=         |                              | OR      | X86=               |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |                                                                                                                                                                                                                                                                     |                                             |                                |                                   |                           |                                   |             | +145=        |                              | OR      | +290=              |                        |  |
|                                                                          | ,                                                                                                                                                                                                                                                                   |                                             |                                |                                   |                           |                                   | L           | TOTAL        |                              |         | TOTAL              | •                      |  |
| (Column 1) (Column 2) (Column 3)                                         |                                                                                                                                                                                                                                                                     |                                             |                                |                                   |                           |                                   | AI          | ODIT. FEE I  |                              |         | ADDIT. FEE         |                        |  |
|                                                                          | `                                                                                                                                                                                                                                                                   | CLAIMS                                      |                                | HIGHE                             | ST                        | (00/0/////3)                      | Ė           |              | 4001                         | ſ       |                    | 1501                   |  |
| AMENLMENT                                                                |                                                                                                                                                                                                                                                                     | REMAINING<br>AFTER<br>AMENDMENT             |                                | NUMB<br>PREVIOU<br>PAID F         | USLY                      | PRESENT<br>EXTRA                  |             | RATE         | ADDI-<br>TIONAL              |         | RATE               | ADDI-<br>TIONAL        |  |
|                                                                          | rotai                                                                                                                                                                                                                                                               | •                                           | Minus                          | **                                |                           | =                                 | -           |              | FEE                          |         | λ\$18=             | .FEE                   |  |
| ME                                                                       | Independent                                                                                                                                                                                                                                                         | •                                           | Minus                          | •••                               |                           | z z                               | $\vdash$    | X43=         |                              | OR      |                    |                        |  |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                      |                                             |                                |                                   |                           |                                   |             |              |                              | OR      | X86=               |                        |  |
|                                                                          | • Who cates in column 1 is loss than the same                                                                                                                                                                                                                       |                                             |                                |                                   |                           |                                   |             |              |                              | OR      | +290=              |                        |  |
| 11                                                                       | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                                             |                                |                                   |                           |                                   |             |              |                              | OR A    | DOTAL<br>DOTT, FEE |                        |  |
| 1                                                                        | he Highest Num                                                                                                                                                                                                                                                      | ber Previously Paid                         | rur in ini<br>I For* (Total or | Independen                        | iess inan<br>it) is the f | i a, enter "3"<br>highest number: | lound       | in the app   | ropriate box                 | in colu | кпо 1.             |                        |  |

A CONTRACTOR OF THE PROPERTY O